

10/6/04

PTO/SB/07 (08-03)

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 09/198588		Filing Date			
Applicant(s)							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2		3									
Total Depend	4		4									
Total Claims	6		7									
51												
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Total Indep												
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Total Claims												

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/980588

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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50							100						
TOTAL	4		1		1		TOTAL						
TOTAL	37		16		3		TOTAL						
TOTAL	37		16		3		TOTAL						
TOTAL	37		16		3		TOTAL						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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